## District of Columbia Office of Contracting and Procurement Master Supplier Information Collection Template

| Vendor Name (Legal Name):                           |   |
|---|---|
| Vendor Number (I + Tax ID): 1                       |   |
| Phone Number (including area codes and extensions): |   |
| General E-mail Address:                             |   |
| Website Address:                                    | <u> </u>  |
| W9 Tax ID Number:                                   |   |
| CBE?: Yes No CBE Number                             | (Choose matching items for <b>Supplier</b> and <b>Ownership</b> Types). |
| Contact Name:                                       |   |
| Contact E-Mail Address:                             |   |
| Supplier/Vendor Type:                               |   |
| Ownership Type:                                     |   |

## Supplier/Vendor Type

| 1=DC Employee    | 4=Local Government      | 7=Other |
|------------------|-------------------------|---------|
| 2=Federal Agency | 5=Vendor-Business 8=CBE |         |
| 3=State Agency   | 6=Vendor=Individual     |         |

## Ownership Type

| A=State Corporation        | I=Individual Recipient     | R=Foreign        |  |
|----------------------------|----------------------------|------------------|--|
| C=Professional Corp.       | L=CBE                      | S=Sole Ownership |  |
| E=State Employee           | M=Medical Corporation      | T=Partnership    |  |
| F=Financial Institution    | O=Out of State Corporation | U=Non-Profit     |  |
| <b>G=Government Entity</b> | P=Professional Association |                  |  |

| Mail Code = 000 = Su | ipplier Headquarters | Address (Canno | ot be a PO Box)             |   |
|----------------------|----------------------|----------------|-----------------------------|---|
|                      |                      |                |                             |   |
| Address:             |                      |                |                             |   |
| City:                |                      | State:         | Zip Code:                   |   |
|                      |                      |                |                             |   |
| 14 11 0 1 200 1      |                      | 11 10 75100    |                             |   |
|                      | Payment Remittance A |                | erent from 000              |   |
|                      |                      |                |                             |   |
| Address:             |                      |                |                             |   |
| City:                | State:               |                | Zip Code:                   |   |
|                      |                      |                |                             |   |
|                      |                      |                |                             |   |
|                      |                      |                | om 000 (Cannot be a PO Box) |   |
|                      |                      |                |                             |   |
| Address:             |                      |                |                             |   |
| City:                | State:               |                | Zip Code:                   | _ |
|                      |                      |                |                             |   |
|                      |                      |                |                             |   |

## ALL ITEMS IN THIS AREA MUST BE COMPLETED TO RECEIVE ELECTRONIC PURCHASE ORDERS

| DUN & Bradstreet No. (DUNS):   |
|--|
| (To apply for a your DUNS number call 1-800-234-3867 Required for all Email and Fax Purchase Order forwarding requests.)   |
| ANID Number:   |
| (Please register at <a href="https://service.ariba.com/Supplier.aw">https://service.ariba.com/Supplier.aw</a> ; You will not be able to receive your purchase orders by email or fax without this number.) |
| Do you want the purchase order forwarded by e-mail or fax? Email  Fax  |
| (Please choose only one)   |
| Ordering E-Mail Address (Send Purchase Orders):  |
| Ordering Fax Number (Send Purchase Orders):  |
| Please note: The fax number is still required for Email orders   |
| Does the Vendor Accept Purchase Cards: Yes No  |
|  |
|  |